



Health Care Reform Timeline

Starting Right Now...

- **Small businesses will get a tax cut** to help them pay for health insurance for their employees. Companies will get a credit up to 35 percent of the money they spend on premiums. Those credits will increase over time, eventually reaching 50 percent when the Insurance Exchanges go into effect. The full credit is available to small firms with 10 or fewer employees, and firms with up to 25 employees will qualify for a partial credit.
- The federal government will begin investing in **community health centers** to provide care to the people who need it most. In the next five years, \$11 billion will be spent expanding access to health centers to 25 million more people in 10,000 communities.
- **Any senior who is affected by the so-called "doughnut hole" will qualify for a \$250 rebate** to help them pay for their prescription medicines.

In 3 Months...

- **People with pre-existing conditions will be able to get help** with a special fund set up to cover the gap until the Insurance Exchanges are up and running.
- **Retiree health plans** qualify for a new federal reinsurance program for health plans covering early retirees (age 55-64) to bring down costs for businesses and lower premiums.

In 6 Months...

- **All health plans will be prohibited from denying coverage or care to children because of "pre-existing conditions."** This protection will apply to everyone when the Insurance Exchanges are up and running.
- All health plans will be required to allow **young adults to stay on their parents' insurance until age 26.**
- All new health plans will be required to provide **free preventive care** with no co-pays or deductibles.

- All health plans will be **prohibited from cancelling coverage when a patient reaches a lifetime limit** on coverage.
- All health plans will be **prohibited from cancelling coverage if a patient gets sick** or if they file too many claims.
- All new health plans will be required to **allow consumers to appeal insurance company denials of coverage** and get an independent review of their case.
- All new health plans will be required to **let you pick your own primary care doctor**. Women will also be allowed to visit their ob-gyn without getting permission from their insurance company first, and all patients will be guaranteed access to emergency care.

On January 1, 2011...

- **Seniors in Medicare** can make an appointment for a **free annual wellness checkup** with their doctor. There will be no co-pays or deductibles for this visit.
- All insurance plans will be required to spend at least 80-85 percent of their revenues on medical care. **If they spend too much on wasteful overhead**, like executive salaries and advertising, **they will be required to give their customers a rebate.**